

Alarm Permit Application

Please Print or Type (Large and Legibly)

Date _____

Permit # _____

Business Name _____ or Resident: Last Name _____ First Name _____

Address of Alarm Location (include coordinates) _____ Unit# _____ Zip Code _____

Mailing Address (if different from alarm location) _____

Residential Phone # _____ Business Phone # _____

Alarm Installer / Service Representative (company) _____ Address _____ Phone # _____

Monitoring Company _____ Address _____ Phone # _____

Do you have a service / inspection agreement? ☐ Yes ☐ No

Responsible Alarm Contacts

1. _____
Last Name First Name Phone # 1 Phone # 2

2. _____
Last Name First Name Phone # 1 Phone # 2

3. _____
Last Name First Name Phone # 1 Phone # 2

List above the responsible persons who can respond to the alarm within 20 minutes after notification, who are knowledgeable in the basic operation of the alarm system, and are authorized and able to gain entry and secure the premise if required.

Check appropriate jurisdiction:

<input type="checkbox"/>	Midvale Police Department	801-567-7274	Fax	801-561-0379
<input type="checkbox"/>	Murray Police Department	801-264-2673	Fax	801-264-2568
<input type="checkbox"/>	Ogden Police Department	801-629-8059	Fax	801-629-8086
<input type="checkbox"/>	Salt Lake City Police Department	801-799-3113	Fax	801-799-3108
<input type="checkbox"/>	Sandy City Police Department	801-568-7179	Fax	801-568-7190
<input type="checkbox"/>	South Jordan Police Department	801-254-4708	Fax	801-253-2210
<input type="checkbox"/>	South Salt Lake Police Department	801-483-6082	Fax	801-412-3283
<input type="checkbox"/>	University of Utah Police Department	801-585-9290	Fax	801-581-7193
<input type="checkbox"/>	West Jordan Police Department	801-569-5270	Fax	801-562-2105
<input type="checkbox"/>	West Valley City Police Department	801-955-4127	Fax	801-955-4101